

**TENNESSEE SEX OFFENDER TREATMENT BOARD**  
**(T.C.A. 39 – 13 – 704)**

**Administrative Policies and Procedures**

**As of April 22, 2008**

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## **By-Laws**

### **Article I – Creation**

In accordance with statute 39-13-704, there is created, in the department of correction (Department), a sex offender treatment board (Board) which shall consist of thirteen (13) members.

### **Article II – Organization**

- A. The Board shall consist of thirteen (13) members. Board members are appointed pursuant to 39-13-704 subsection (a). Board members serve a term of four (4) years. The Commissioner of correction shall appoint a presiding officer for the board from among the board members. The presiding officer shall serve as such at the pleasure of the commissioner.

B. Committees

The Board, by resolution of a majority of the members of the Board, may designate and appoint one or more committees to serve in an advisory capacity to the Board. No such committee(s) shall have the authority of the Board and shall perform only those functions determined by the Board. Committee members shall be appointed by the Presiding Officer and shall serve at the pleasure of the Board. The Chairperson(s) of committee(s) may be designated by the Board or may be selected by the members of the committee(s), as determined by the Board.

Each committee shall meet with the Board at least once each year at such regular meeting of the Board as may be designated by the Board and at such other times as may be called by the Presiding Officer of the Board.

C. Meetings – Regular

Meetings of the Board shall be held on a regular basis at a place and time determined by the Board or at such other times as may be established by a majority vote of the entire membership of the Board.

- D. Emergency or special meetings of the Board may be called by the Commissioner of Correction, Presiding Officer, or upon written request of a majority of members of the Board. Notice of any emergency or special meeting of the Board shall be mailed or be delivered by telephone to each member of the Board stating the time, place and purpose of the meeting. Notice by telephone must be given no later than 24 hours prior to the time set for the meeting, or if mailed, shall be mailed not later than 72 hours prior to the hour set for the meeting. Any member of the Board may waive notice of the time, place, and purpose of an emergency or special meeting at any time before, during, or after such meeting.

E. Quorum

The quorum of members necessary for the Board to transact business shall be a simple majority of the entire membership of the Board. Decision of the Board shall be by simple majority vote of the members of the Board present unless otherwise specified by these by-laws.

F. Compensation

Members of the Board shall serve without compensation, but shall be reimbursed for any necessary and actual traveling expenses incurred by them in the performance of their duties as members, as allowable under statute and state fiscal guidelines.

**Article III – Procedures and Rules of Order**

- A. Meetings of the Board shall be conducted in the following manner: there will be an agenda for each meeting. Board action shall require a motion, second and majority vote.
- B. The Presiding Officer shall preside at all meetings. In the absence of the Presiding Officer, a member selected by those Board members present shall preside.
- C. The agenda may be changed by the Presiding Officer or by a majority vote of the Board members present.
- D. Minutes shall be made of meetings of the Board.
- E. The Presiding Officer may participate in discussion and shall vote as any other Board member.
- F. A roll call vote shall be taken upon the request of any Board member. The names of the Board members shall be called in alphabetical order by the Presiding Officer, and each member shall vote "yes" or "no" at such time unless he/she chooses to abstain.

**Article IV – General Policies**

- A. The Board shall act only by resolution at a duly called meeting of the Board and no individual member of the Board shall exercise individually any administrative authority with respect to the Board.
- B. No individual member of the Board shall make a statement of policy which purports to be that of the Board unless the Board shall have adopted such policy, but no one shall be prohibited from stating his or her personal opinions, provided they are clearly identified as such.

## **Article V – Administrative Directives**

- A. The Presiding Officer shall attend all Board meetings or send a suitable representative selected by him/her.
- B. The Presiding Officer shall prepare an agenda for all regular meetings, and have such agenda emailed or mailed to Board members at least five (5) days prior to each meeting.
- C. Copies of the minutes of each regular meeting shall be emailed to all Board members by the Presiding Officer at least five (5) days prior to the next regular meeting. Minutes of emergency or special meetings shall be emailed to Board members as soon as is reasonably possible.
- D. The Presiding Officer shall see that the Board is kept well informed of the activities and programs of the Board and of its committees and shall regularly advise the Board concerning any staff vacancies relating to high-level personnel.
- E. A calendar of important dates and rule-making events shall be prepared by the Presiding Officer.

## **Article VI – Bylaws**

These by-laws may be amended or repealed and new by-laws may be adopted by a majority vote of the entire membership of the Board at any regular meeting of the Board, only after notice to all Board members.

The Sex Offender Treatment Board does by resolution hereby adopt these by-laws.

## **VISION**

A comprehensive approach to adult and juvenile sex offender management in Tennessee which enhances professional standards and collaboration for stakeholders that results in enhanced public safety.

## **MISSION**

The mission is to reduce the likelihood of sexually based offenses.

## **GOALS**

- Development of treatment standards
- Development of treatment provider standards
- Establishment and maintenance of a statewide provider network
- Provide access to treatment for indigent offenders
- Provide continuing education
- Promote effective collaboration among stakeholders

## Philosophy of Sex Offender Treatment

**Sex offending can not be cured, only controlled at best.** There is no known treatment that is 100% effective for stopping sex offending. Offenders do recidivate..... they do it again. Treatment is to be stressed as lifelong. Completion of a treatment program does not cure sexual deviance. Long term aftercare is a necessary aspect of community safety and offenders well being.

**The focus of the therapy is on the offender accepting responsibility for their offense, cycle of abuse, and all facets of their life.** For the offense, saying” I did it “ can not be considered sufficient by itself; rather, it is knowing the precursors to their offense, the cycle of distorted and deviant sexual thoughts, acknowledging deviant sexuality, acknowledging risk factors for the reoffending such as grooming and control issues, and many other facets of the offense and their life dysfunction. Progress is also shown by the offender acknowledging the positive aspects of their life and gains made in therapy as shown by increased empathy, enhanced self-esteem, beneficial problem solving, and many other adaptive coping and social skills taught within therapeutic structure.

**We are victim advocates, not offender advocates.** No more victims is our motto. Decisions in therapy, hopefully ones which offender will adopt for life, should be based upon preventing further abuse and enhancing community safety.

**A cognitive-behavioral approach,** that includes a relapse prevention focus, strong external supervision, and medication (as indicated) is the designated mode for the treating the sex offender. A cognitive approach is one that addresses dysfunctional core beliefs as well as current thoughts that promote maladaptive behavior. Relapse prevention is a self control program that provides the offender with a variety of cognitive, behavioral, and social skills training tools for assuming responsibility for their behavior. Essentially, a focus of relapse prevention is learning to identify the factors that increase risk for sexual offending and developing adaptive coping skills for minimizing or eliminating those risks, as well as identifying and escaping lapses to exit from the build up phase of the deviant cycle before victimization.

**Deviant sexual acting out is patterned, repetitive, predatory, has focus on control, often seeks to compensate for other life deficits, is secretive, violates boundaries, illegal, and devastating to victims.**

**Sex offending is a choice; it is not a direct consequence of abuse or other feature of the offender’s developmental make up.**

**Community support groups are not appropriate treatment** in lieu of sex offender specific treatment by a mental health professional.

**Nothing “just happens” as in the “impulse rape”.** There is a process to sex offending that is marked by a deviant cycle. Acting out of any sexual abuse has a definable build up phase that is comprised of deviant sexual arousal, deviant cognitions, decreased empathy, a negative emotional state, and an unwillingness to use other adaptive coping skills and outlets. Other issues, such as low self esteem, distortions about relationships, unresolved family –of –origin issues, alcohol and drug abuse, childhood abuse, and similar are precursors to the acting out behavior. The offender is viewed as “choosing “to offend regardless of their background and other contributing factors. The offender should be held 100% accountable for their crime.

**Truth is not always apparent,** but rather more accurately shown by behavior and thought over time that is verified by others. Denial is always present and multifaceted. Denial reveals shame and dishonesty. However, saying “I did do it” doesn’t mean there are no other forms of denial.

**Honesty is a must in treatment...**as the saying goes “You are only as sick as your secrets”. Convicted offenders who are in denial of their offense may benefit from an intensive period of confrontation in a “denial group”. The administration of a polygraph and plethysmograph evaluation will also assist in confrontation. Regardless, convicted offenders who deny should be considered high risk, accorded a stringent level of supervision in the community, and eventually returned to the court authorities if denial persists beyond a reasonable limit. Sex offender treatment is designed for identified abusers who acknowledge their identity as a sex offender.

**Treatment and therapeutic gains largely happens in stages** and over extended periods of time. It takes considerable effort by the offender in defining, understanding, and controlling the offense behaviors. Long term control of deviant fantasies and arousal is essential.

**Offenders are master manipulators.** We need to learn ways to know that the offender is not playing an “act-normal” role, e.g., parroting back to you what you want to hear. Colluding with the offender is partly minimized by using a team approach that involves human services, legal, supervisory, and community support persons.

**Lessened risk is not to necessarily infer by progress in treatment.** We must recognize that offenders are dishonest in many respects with themselves and you no matter how open they are with admitting their offense. Denial, justification, intellectualizing, and minimization are the hallmark qualities of an offender. You and the offender must always be on guard about access to potential victims and re-entry into the deviant cycle.

**Many offenders who offended within the family also offend outside the family, and vice versa.** Most offenders have multiple paraphilias. Having offended is a clear sign that one may do it again, albeit in a different way (e.g., exhibitionism) or in victim gender or age. Access to potential victims must be carefully controlled. We must assess for other paraphilias.

**Offenders have more similarities than differences, regardless of the victim or frequency.** Offenders may be defined in many ways, e.g., incest offenders, pedophiles, exhibitionist, statutory rapist, serial rapists and so on. However, the bottom line is that sex offenders act out within a cycle of deviancy and choose to violate the boundaries of other human beings. Because of denial and uncertainty about our ability to really “know the truth” (especially early in



treatment), a conservative approach that benefits community safety is best when determining risk, treatment planning, and supervision. With progress and time in treatment, as well as external verification of treatment progress (e.g., polygraph and report from the community support persons), issues of supervision and treatment can be better defined. Sex offender treatment groups include all types of offenders.

**Offenders don't fit stereotypical profiles.** The “trench coat” man or the “popsicle man” is not the average. Sex offending is pervasive and happens within all socioeconomic, ethnic, racial, and religious classes.

**Many offenders are victims.** Victim issues can be a component of treatment but only after the client shows responsibility and management of their abusive behavior.

**There are definitive differences in treating sex offenders than other clinical populations.**

- 1) Our clients are legally mandated to treatment. We are clearly linked to the legal system.
- 2) We believe a group approach is the best modality for treatment of an offender. Good sex offender programs are group-oriented, emphasize offender responsibility, recognize the serious nature of risk involved, have a clearly defined means of assessing treatment progress, have a graduated treatment protocol, and emphasize communication with other involved professionals.
- 3) We are often directive and have definitive expectations for our clients. We set treatment goals that are contrary to the offender's wishes.
- 4) We are often confrontative.
- 5) We are prohibitive, e.g., we tell our clients where they can go, who they can see, where they can work, and similar.
- 6) We work with clients who have denial of the problem. We want verification of our client's behavior and may subject them to polygraph evaluations. We doubt self-report, especially in the early phase of treatment.
- 7) We place a high value on the rights and needs of others before the rights and needs of the offender. We are victim and community safety advocates.
- 8) We require waivers of confidentiality in order to facilitate community supervision and communication among involved professionals.

**We believe that offenders, in general:**

- 1) Oppose treatment efforts initially. They are not going to like limits. Initial motivation varies and must be cultivated.
- 2) Have an initial poor recognition of problems. Initial insight is often limited and distorted.
- 3) Act out in many ways that harm others.
- 4) Are initially dishonest to us and themselves.
- 5) Hold secrets and hide themselves from you.
- 6) Will blame others for their problems and see their victimization in terms of their own personal needs, “I was only trying to reach out to her”.
- 7) Will do anything to avoid your scrutiny or involvement in their life. They will try to be your best client.

**We, as treatment providers, are part of a bigger team than our office staff.** By law, sex offender treatment is defined as supervision and therapy. The picture is even bigger when you frame treatment as a public health or community safety issue. Human services, legal staff, community supervisors, therapist, medical staff, supportive friends or family members, ministers, and similar persons should be included as a part of the team approach. When we think we can do it all for the offender and make judgment of risk without consultation and appraisal, then we are likely increasing, rather than decreasing, community risk.

**It takes specialized skills to monitor a sex offender in the community.** It is important to develop a wide continuum of supervision strategies that will assist the community supervisor in monitoring the offender, as well as increasing protective factors that will aid in the offender's adjustment in the community.

**We have terms and procedures** you must learn in order to converse within the sex offender field. These terms include approaches used in clinical treatment, as well as terms and procedures used by DCS, the legal system, and community supervisors.

**Issues of reunification and victim-related issues require a careful decision process,** procedures and supervision. Reducing further victimization is a primary goal of offender treatment and any victim contact process. Adequate safeguards to promote the emotional and physical protection of the victim(s), and other vulnerable children or adults, is a necessity at all stages of reunification.

**We need to know our own vulnerabilities.** We need personal boundaries in dealing with offenders. We need to know our biases in working with this population. We need to acknowledge that working with offenders may not be the best thing for us in respect to our past history (e.g., past abuse). If boundaries blur between therapist and offender, then we lose the therapeutic objectivity we need to be effective counselors. A personal relationship with abusers is not condoned by the board. Working with offenders requires firm therapeutic boundaries. We must be able to confront and direct offenders into adaptive ways of coping with their deviancy. Equally, we must be able to maintain a working alliance with the offender. It is often times a "difficult connection" to maintain as we equally withhold trust, respect without colluding, and encourage our clients.

**If you are not competent** by training and experience....don't do it. Be willing to seek out help and clarifications from your peers, or consult with clinical members of the Tennessee Sex Offender treatment Board.

**We abide specifically by the ethical guidelines of the Association for the Treatment of Sexual Abusers and the rules of the Tennessee Sex Offender Treatment Board.** We honor other state and professional practice ethical guidelines that promote the mental health treatment of individuals. We encourage professionals to always be cognizant of their professional limitations and boundaries.

**Vicarious trauma and burn out are features of our work.** Sometimes the abuse stories that we hear impact us emotionally. Work with offenders is stressful. If we are not

occasionally emotionally stressed by what we hear or by the work we do in sex offender therapy, then perhaps we are far too distant from the issues that need our therapeutic attention. However, it is important for us to rationally detach from our job when we leave the workplace. Therapist support and on-going plans for dealing with the obviously distressing aspects of our work is necessary for maintaining our health.

## **Standards and Guidelines for Treatment of Adult Male Sex Offenders & Professional Code of Ethics**

The Tennessee Sex Offender Treatment Board was charged with developing standards for the treatment and monitoring of sexual abusers. Approved providers are required to follow the protocol that has been developed by the Board. In lieu of replicating the tremendous effort being made by experts working under an identical charge, the Board elected to review existing treatment and monitoring standards. The Board recognizes the Association for the Treatment of Sexual Abusers (ATSA). The Board endorses ATSA Practice Standards and Guidelines for the evaluation, treatment and management of adult male sexual abusers (2004 revised). The Board also endorses ATSA Professional Code of Ethics.

Both sets of documents can be obtained from ATSA. For further additional information or to obtain a copy of the Standards and Professional Code of Ethics contact ATSA directly.

Association for the Treatment of Sexual Abusers  
4900 S.W. Griffith Drive, Suite 274  
Beaverton, Oregon U.S.A. 97005  
Phone: (503) 643-1023  
Fax: (503) 643-5084  
E-mail: [atsa@atsa.com](mailto:atsa@atsa.com)

## **Tennessee Sex Offender Treatment Board**

### **Best Practice Standards**

1. Approved providers have specific training in the field of sex offender treatment in addition to the Tennessee Sex Offender Board Annual training.
2. Approved providers providing clinical services to sex offenders have participated in sufficient supervision of face to face clinical contact with sexual offenders.
3. Approved providers obtain continuing education in the field of sexual offender treatment.
4. Approved providers only provide sex offender treatment services and techniques in which they have education, training, and experience.
5. Approved providers are aware of the limitations of the client's self-report and will utilize multiple sources of information in order to corroborate the offender's self-report.
6. Approved providers are aware of the importance of group treatment with sexual offenders and will provide group weekly. However, approved providers recognize the need for adjunct services such as family, marriage, and individual. The use of a combination of services is most likely effective.
7. Approved providers recognize the importance of psycho physiological testing such as phallometry, polygraph, and viewing time in the treatment and assessment of sex offenders and will make every effort to include these measures as a part of the treatment protocol.
8. Approved providers recognize the importance of utilizing a "Team Approach" in the treatment of sexual offenders. Multiple clinicians, male/female co-group leaders, and regular communication/contact with probation/parole officers improve treatment services.
9. Approved providers recognize the limitations of community based treatment settings with offenders who are in complete denial of their sexual offending and make the appropriate referral to more intensive treatment/supervision settings.
10. Approved providers exercise caution when making decisions about contact between sex offenders and children. Top priority is given to the child's safety and well-being when considering contact between offenders and children.

## **Tennessee Sex Offender Treatment Board**

### **Approved Treatment Provider Qualifications**

In order to be “approved” to provide sex offender treatment and/or assessments (TSOTB Approved Provider), the following conditions/qualifications must be met:

#### **A. Education**

1. All Approved Providers should hold a master’s or doctoral degree in social work, psychology, counseling, or marriage and family from a regionally accredited university; or
2. Hold a degree of doctor of medicine or doctor of osteopathic medicine from an institution that is approved by an accrediting agency recognized by the Tennessee Board of Medicine.

#### **B. Licensure**

1. You must hold a current Tennessee license from the Health related Board in Medicine, Nursing, Psychology, Social Work, Professional Counseling, Marriage and Family, and/or Substance Abuse.
2. You have a provisional license from the Tennessee Health Related Board in the above mentioned areas (You may only provide “psychological services” within the limits of your license).
3. You are licensed eligible or working towards licensure and working (under supervision) for a Licensed Mental Health Agency.
4. There is no “grandfather clause” for this requirement.

The TSOTB approved sex offender treatment as defined in T.C.A. 39-13-709 is considered “counseling, psychological services, treatment, etc.” and individuals who perform these services shall have appropriate licensure from the Health Related Board.

Being approved by the Tennessee Sex Offender Treatment Board does not permit a provider to “practice” or “perform services” that he/she is not licensed to perform. All services provided by an “approved provider” must be within the limits of their license.

#### **C. Sex Offender Training**

1. You must have at least 50 hours of specialized sex offender training of which a minimum of 10 hours of training must be in the following areas:
  - a. Etiology; developmental issues of sex offender behavior
  - b. Sex offender assessment
  - c. Sex offender treatment interventions

- d. Program development, evaluation, and treatment efficacy
  - e. Community Safety and issues related to recidivism
2. There is no exemption for this requirement. All providers must document 50 hours of specialized training (see A.P.A. ethics guidelines concerning practice only those “skills, techniques in which you have the education, training, and experience.”)
  3. All “approved providers” must provide documentation to the TSOTB of specialized training received.
  4. All providers who have not received 50 hours specialized training are required to have supervision from a TSOTB approved provider.
  5. Providers who have not met this requirement will be placed on the list as a “provisional” provider once the TSOTB receives a copy of a supervision agreement.

#### D. Experience

1. You must have 2,000 hours of supervised clinical experience in the field of sex offender treatment. Clinical experience is defined as participation in professional training, work, research, writings, etc. related to the field of sex offender treatment.
2. In order to provide sex offender assessments, you must have a minimum of 250 hours of supervised clinical experience specifically in completing sex offender risk assessments.
3. All approved providers must have a minimum of 100 hours face to face supervision within the 2000 hours clinical experience. Group or peer supervision may be used to meet up to 50 hours face to face supervision, however you may only count those hours dedicated to case presentations.
4. Supervision must be provided by an individual who is an approved sex offender treatment provider by the TSOTB.
5. All providers who meet educational requirements and were “approved” by the Board prior to January 1, 2003, shall be exempt from the requirement of having 2,000 hours of supervised clinical experience in the field of sex offender treatment.
6. All Providers approved by the Board after January 1, 2003 who provide documentation of 2,000 hours clinical experience in the field of sex offender treatment (250 hours in risk assessment) are exempt from supervision (other than peer supervision). You may use any clinical contacts; clinical staffing, research, writing, etc. related to the field of sex offender treatment received any time during your professional development (practicum, field placement, internship, work, etc.)
7. All providers approved after January 1, 2007 must have 2,000 hours of supervised clinical experience in the field of sex offender treatment.
6. Until this requirement is met, all providers approved by the TSOTB will be placed on the list as a “provisional” provider once TSOTB receives a copy of a supervision agreement.

E. Letters of Reference

1. All approved providers must provide 2 letters of reference from “approved” providers regarding the applicant’s character and capacity to provide treatment services.
2. All providers approved by the Board prior to January 1, 2005 shall be exempt from this requirement.

F. Supervision

1. You must have 100 hours face-to-face supervision with a licensed TSOTB approved provider. No more than 50 hours of supervision can be group or peer supervision. If using peer supervision, you may only use hours specifically involving case discussion or presentation.
2. All providers who are required by the Tennessee Health Related Board to practice under supervision must provide written documentation (supervision agreement) including the name and license number of the supervisor (sex offender treatment services must be supervised by a TSOTB approved provider).
3. All providers licensed to practice independently or under supervision that have not met the specialized sex offender training requirements must provide written documentation (supervision agreement) including the name and license number of the supervisor (must be a TSOTB approved provider). Supervision must continue until training requirements are completed.



## **Tennessee Sex Offender Treatment Board Peer Supervision Requirements**

### **Policy:**

All Approved Sex Offender Providers are expected to participate in regional peer supervision meetings. Peer supervision meetings shall be scheduled quarterly for all board approved sex offender providers and probation officers supervising sex offenders. Quarterly peer supervision meetings are expected to be a minimum of 6-8 hours. Peer supervision meetings shall involve a minimum of four providers. Approved providers are responsible for all expenses associated with attending peer supervision meetings.

### **Purpose:**

To improve the over –all quality and consistency of sex offender treatment provided to sex offenders as well as enhancing community safety. To provide TSOTB approved providers and probation officers with opportunities to share knowledge, expertise, research, and skills with each other.

### **Procedure:**

1. TSOTB Conference will provide meeting rooms for each region (East, Middle, West) for discussion on how peer supervision meetings are going to be set up in their region.
2. Based on geography, a region may establish more than one peer supervision meeting in that region, however, in order to develop a multi- disciplinary forum, the board recommends that there be at least four providers in each peer group location.
3. Location of meetings shall be established by each group. It is expected that some members of the group will have to travel. Meeting places should be selected that serve the group. The location should be conducive to peer supervision, group discussion, presentation of cases, etc. While it is not mandatory that the group meet at the same place, it is recommended that a meeting place is identified. Peer supervision can be done at a provider's office, probation office, community facilities such as colleges, community centers, libraries, etc.
4. Peer supervision shall occur quarterly. The length of the meeting should be between six and eight hours. The day of the week as well as the beginning and ending time should be determined by the group.
5. Each peer group should elect a chair and a secretary. These positions should rotate each year. The chairperson is responsible for leading the peer group meeting, scheduling meetings, organizing presenters, etc. The secretary is responsible for keeping notes, records of participation, agendas, etc.

6. It is expected that peer group meetings will involve both presentations of information, i.e. “Topics of Interest” and case presentations.
7. Topics of interest are information concerning relevant topics in the field of sex offender treatment, i.e. family reunification, sexual reconditioning, use of objective tests in treatment, etc. and are presented to the group as part of “continuing education” for both providers and probation officers. Presenters may be members who have some expertise in the subject matter or may be brought in to present from outside the group.
8. Each provider will be required to present sex offender cases they are presently treating for discussion.
9. Probation officers may request to present a case for discussion in the peer group. However, probation officers are not required to present a case for discussion.
10. Probation officers may use their attendance and participation in peer group meetings for annual training hours.
11. Providers may utilize attendance and participation in peer supervision for TSOTB training and supervision requirements in accordance with licensure guidelines.

**TENNESSEE SEX OFFENDER TREATMENT BOARD  
PROVIDER AGREEMENT**

1. I will provide therapy to sex offenders in groups as primary modality.
2. I will utilize the behavioral cognitive relapse prevention provided by the board.
3. I will provide sexual arousal reconditioning including covert sensitization and satiation behavioral interventions within the first 9-12 months of treatment.
4. I will follow the protocol provided by the board in assessing reunification of offender and family.
5. I will assist in developing a personal relapse prevention plan in conjunction with the relapse prevention and victim empathy curriculum modules.
6. I understand that sex offender treatment includes therapy and supervision and I will communicate, in a regular and timely fashion, with the offender's community supervisor.
7. When available, I will utilize polygraphy and / or physiological assessment to monitor deviant sexual arousal/interest with clients as resources permit.
8. T.C.A. 39-13-704 places financial responsibility on the offender as he is able to pay.
9. I understand that reimbursement rates from the Sex Offender Treatment Fund are established by the Board.
10. I will allow monitoring of my sex offender specific therapy efforts by the board, including complaints and site visits.
11. I understand the board may withdraw my privilege of being included in the statewide provider list for noncompliance with TCA 39-Chapter 13-Standardized Treatment for Sex Offenders. I will participate in the confidential quality improvement process as outlined by the board.
12. I understand that currently approved providers must attend one day of the Board's annual conference.
13. I understand that new providers must attend the Board plenary session at the annual conference.
14. I understand that if I have concerns I want to bring to the attention of the Board I can contact a Board member.
15. I agree to comply with TCA 40-39-211 Tennessee Sexual Offender and Violent Sexual Offender Registration, Verification, and Tracking Act of 2004.

I recognized that by participating in this training that I am acknowledging that I am willing to subscribe to the treatment philosophy held by the State of Tennessee Sex Offender Treatment Board. Furthermore, I recognize that the training provided by the board itself does not qualify me as an expert in the area of sex offender treatment.

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Reimbursement Management

The Board is authorized to reimburse treatment professionals for services provided to sex offenders who are indigent. Indigence is documented according to valid court order stating the offender is indigent and the State is authorized to pay for services or a completed 'Assessment, Notice of Obligation or Exemption of Fees' waiver. Exemption of fees waivers are the responsibility of the probation or parole officer. Treatment professionals are responsible for obtaining proof of the offender's indigence.

### Reimbursement Rates

Psychosexual Evaluation:	\$300
Polygraph	\$100
Plethysmograph	\$100
Group Therapy	\$20

### Stipulations

1. Provider must be approved by the Sex Offender Treatment Board and listed in the current Tennessee Sex Offender Treatment Provider Directory. Valid court orders will be honored even if the treatment provider selected by the court is not a Board approved provider.
2. Assessment, Notice of Obligation or Exemption of Fees must be attached to the invoice.
3. Assessment, Notice of Obligation or Exemption of Fees must be signed and dated.
4. It is not the responsibility of the Sex Offender Treatment Board or Tennessee Department of Correction to provide or obtain proof of exemption or indigence.
5. The reason for the exemption must be clearly identified or marked on the Assessment, Notice of Obligation or Exemption of Fees form.
6. Invoices must include the following information for payment to be processed:

### Provider Information

Full and legal name of treatment provider

Licensure

Certification

Complete mailing address for location where services are provided \* **home addresses are not acceptable**

Telephone number for location where services are provided

Date of Service

Service Type

### Client Information

Full and legal name of client

State issued offender id number or

Social Security Number

**Notice of Future Action**

Effective December 1, 2004 providers may be required to furnish upon request a complete copy of the psychosexual evaluation for an offender and or treatment plan that indicates DSM diagnosis, treatment modality, expected frequency and duration of treatment.

Reimbursement rates are subject to change without prior notice.

## **Tennessee Sex Offender Treatment Board Communication and Information Sharing Policy**

The Board recognizes the applicability of Tennessee's Open Records Act, T.C.A. §§10-7-501 et seq and Tennessee's Open Meetings Act, T.C.A. §§8-44-101 et seq.

### **A. Requests for Information**

1. A records request shall be submitted to the Board's presiding officer.
2. The request shall specify the records which are the subject of the request.
3. The request shall include the name, address, and telephone number of the individual making the request.
4. Copies of the requested records shall be mailed to the individual who made the request.
5. The fee charged for providing copies of requested records will be determined by administrative rule.

### **B. Requests to Address Board**

1. An individual who wishes to address the Board shall make the request no less than ten (10) days before the Board meeting.
2. The request shall state the general purpose of the individual's request to address the board.
3. Individuals' requests to address the Board will be placed on the meeting agenda.
4. The Board will determine the length of time for which an individual may address the Board.

Tennessee Sex Offender Treatment Board

4<sup>th</sup> Floor, Rachel Jackson Building  
320 Sixth Avenue North  
Nashville, Tennessee 37243-0465

Dear Applicant:

In response to your request to become a TSOB Approved Sex Offender Provider, this packet contains information relative to becoming an Approved Sex Offender Treatment Provider.

The requirements for application are supported by Board rules and regulations and T.C.A. 39-13-704. Please read the instructions, statute, and rules and regulations carefully prior to applying. Any application fees are nonrefundable and all documents submitted to the board become a part of your file and are not returnable or transferable. The Board may complete background checks on applicants.

Upon initial review, if your application is incomplete or supporting materials have not arrived in our office, a notification letter will be sent to you. Upon notification of a deficiency, the applicant will have 30 days to provide the deficient information or the file will be closed and you will have to reapply. When the application is deemed complete, you will be notified in writing.

**All applicants must be licensed through the Tennessee Health Related Board prior to making application to be an Approved Sex Offender Treatment Provider. All requirements for being approved including training, supervised experience or supervisor agreement letter, and copy of your Tennessee License must be submitted to the Administrative office 30 days prior to a scheduled Board meeting before an application will be reviewed by the Board.**

Below is an explanation of items requested to be submitted as part of your application. When reviewing your application, refer to this section.

1. Read the enclosed rules and law carefully to determine if you are qualified.
2. Application must be typed. Fill out the application form completely. Application must be signed and notarized. Incomplete forms or un-notarized forms will be returned.
3. Photograph. Submit a recent (within last 12 months) passport size photograph which has been signed by the applicant and stapled to the front of the application.
4. Copy of your current License. Submit a copy of your current Health Related Board License.
5. Specialized Training. Submit a description of the sex offender training received. Include course syllabi, certificates, diplomas, etc for the core areas listed
6. Letters of Reference. Two (2) original letters attesting to your personal character and professional ethics.
7. Supervision Forms. Must submit evidence of 2,000 hours experience in sex offender treatment (500 hours in sex offender assessment) or Supervisor agreement form.
8. Send your application and supporting materials to :

4<sup>th</sup> Floor, Rachel Jackson Building  
320 Sixth Avenue North  
Nashville, Tennessee 37243-0465



## General Information

Individuals who do not qualify for a board approved sex offender treatment provider are encouraged to complete deficient requirements if you intend to provide sex offender treatment services in Tennessee.

Licensed individuals who were approved by the board to provide sex offender treatment services prior to 2000, may retain their approved status by providing a letter indicating that they have met the training and experience requirements. It is the provider's responsibility to fulfill this requirement.

Licensed individuals, who were approved by the board to provide sex offender treatment services after 2000 but prior to 2005, may retain their approved status by providing the board with documentation of the sex offender core training requirements and experience. It is the provider's responsibility to fulfill these requirements.

Licensed individuals who were approved by the board to provide sex offender treatment services after 2005 must provide documentation of the sex offender core training requirements, experience, and supervision by a board approved sex offender treatment provider. It is the provider's responsibility to fulfill these requirements.

It is the applicant's responsibility to keep the board notified whenever a change of name or address occurs. Such notification must be in writing. A request for name change must be notarized and state the reason for the change (i.e. marriage, divorce, etc.).

## TSOB Approval Process

1. File Application with board.
2. Review of application by the administrative office. Notification of a deficiency or file complete letter will be mailed to applicant.
3. Board review. Notification will be sent of:
  - a. approved status or,
  - b. approved as an affiliate provider or,
  - c. not approved

## Category Options

The four categories below identify avenues for approval by the Board. You must meet all of the requirements in the category. See the rules and requirements for the specifics for each area summarized below.

### Category I - Approved Sex Offender Treatment Provider

1. Is currently licensed to practice by the Tennessee Health Related Board.
2. Fifty hours of specialized sex offender training (10 hours in each of the core areas)
3. 2,000 hours experience in sex offender treatment (500 hours in sex offender assessment).
4. One hundred hours of supervision by an approved sex offender treatment provider.\*

\* For those providers approved after January 1, 2006 supervision must be by an approved sex offender treatment provider.

### Category II- Affiliate Sex Offender Treatment Provider

1. Is currently licensed to practice by the Tennessee Health Related Board.
2. Is deficient in one of the other requirements (core sex offender training, experience, and/or supervision)
3. Must be under supervision by a board approved sex offender treatment provider

### Category III- Affiliate Sex Offender Treatment Provider

1. Licensed eligible and employed in a Licensed Mental Health Agency.
2. May or may not meet the other requirements (core sex offender training, experience, supervision, etc.)
3. Must be under supervision by an approved sex offender treatment provider.

### Category IV- Approved Sex Offender Treatment Provider by Reciprocity

1. Holds a valid License to provide counseling services or sex offender treatment provider certification to practice in another State. The qualifications for Licensure in the other State at the time you were licensed are equal to qualifications for licensure in Tennessee.
2. Meets the core sex offender training (50 hours)
3. Meets the 2,000 hours of experience in sex offender treatment

**TENNESSEE SEX OFFENDER TREATMENT BOARD**

**4<sup>th</sup> FLOOR, RACHEL JACKSON BUILDING  
320 6<sup>TH</sup> AVENUE  
NASHVILLE, TENNESSEE 37243-0465**

**APPLICATION FOR TSOB APPROVED SEX OFFENDER TREATMENT PROVIDER**

I hereby make application to become a TSOB Approved Sex Offender Treatment Provider to provide sex offender treatment and assessment services in Tennessee. The following evidence of my qualifications is submitted to the Tennessee Sex Offender Board.

**INSTRUCTIONS:** Applicants must complete all sections. Applications lacking a Social Security Number or a Tennessee Department of Motor Vehicles Control Number will not be processed. This number will be used for identification and will not be disclosed for other purposes except as provided for by law. Completed application should be mailed to the above address.

**I. GENERAL INFORMATION**

Name (Last, First, Middle, Suffix, Maiden Name)		Social Security Number or Tennessee DMV Control Number	
Title of License	Tennessee License Number		Date of Birth
Mailing Address (Street and/or Box number, City, State, Zip Code)			Home Phone Number
Business Address (Street and/or Box number, City, State, Zip Code)			Business Phone Number
Type Name as you would like it to appear on your wall certificate			

**II. Education: List in chronological order the name and location of each graduate school where graduate course work has been completed.**

<b>Institution</b>	<b>Dates Attended</b>	<b>Major Concentration</b>	<b>Degree Received</b>

**III. License and/or Certificates: List all States in which you currently hold or have held an occupational license or certificate to provide sex offender treatment or other counseling services in order of attainment.**

<b>State</b>	<b>license/Certificate Number</b>	<b>Issue Date</b>	<b>Type of License/Certificate</b>

**IV. Sex Offender Specific Training: All applicants must have a minimum of 50 hours of Core Sex Offender Specific Treatment and Assessment training with a minimum of 10 hours in each of five core areas. Please fill out the Sex Offender Training Worksheets on the following pages. Use additional pages as necessary. Specific training courses can only be used in one area.**

Approved Sex Offender Treatment Provider  
Worksheet for Reporting Sex Offender Specific Training

Applicants for becoming an approved sex offender treatment provider must submit the following data. If you were approved by the Board prior to 2000 skip to page 14.

- I. Core Sex Offender Specific Treatment and Assessment Training. Please list the topic of training, number of hours received, institution, forum, or sponsor, and instructor, speaker, or lecturer for each of the five core areas. Specific training received can only be used in one area. Instructor, speaker, or lecturer must by experience, training, or research have expertise in the sex offender specific area of training received.

- A. Sex Offender Treatment Interventions (10 hours)

Number of Hours Completed	School/Sponsor Agency/Facility	Title of Workshop/Seminar/Training	Instructor	Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- B. Sex Offender Assessment (10 hours)

Number of Hours Completed	School/Sponsor Agency/Facility	Title of Workshop/Seminar/Training	Instructor	Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- C. Etiology/developmental issues of sex offense behavior (10 hours)

Number of Hours Completed	School/Sponsor Agency/Facility	Title of Workshop/Seminar/Training	Instructor	Date
_____	_____			
_____	_____			
_____	_____			
_____	_____			
_____	_____			

D. Community Safety, Issues related to recidivism (10 hours)

Number of Hours Completed	School/Sponsor Agency/Facility	Title of Workshop/Seminar/Training	Instructor	Date
_____	_____			
_____	_____			
_____	_____			
_____	_____			
_____	_____			

E. Ethics, Standards, Guidelines for sex offender treatment (10 hours)

Number of Hours Completed	School/Sponsor Agency/Facility	Title of Workshop/Seminar/Training	Instructor	Date
_____	_____			
_____	_____			
_____	_____			
_____	_____			

II. Experience in Sex Offender Treatment and Assessment (2000 hours)

Describe the work experience specific to sex offender treatment, assessment.  
Including research, face to face contact with clients (individual, family, group), and  
other relevant work experience. Must include 500 hours in assessment.

Dates of experience

From: \_\_\_\_\_

To: \_\_\_\_\_

- |    |   |                  |              |
|----|---|------------------|--------------|
| a. | Hours applicant worked<br>in sex offender treatment     | Per month: _____ | Total: _____ |
| b. | Hours face to face sex<br>Offender client treatment     | Per month: _____ | Total: _____ |
| c. | Research in sex offender<br>treatment                   | Per month: _____ | Total: _____ |
| d. | Hours of face to face sex<br>offender client assessment | Per month: _____ | Total: _____ |
| e. | Number of hours individual<br>face to face supervision  | Per Month: _____ | Total: _____ |
| f. | Number of hours Group<br>Supervision                    | Per month: _____ | Total: _____ |

Supervisor's Name: \_\_\_\_\_

Supervisor's License Number: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

- |    |   |                  |              |
|----|---|------------------|--------------|
| a. | Hours applicant worked<br>in sex offender treatment | Per month: _____ | Total: _____ |
| b. | Hours face to face sex<br>Offender client treatment | Per month: _____ | Total: _____ |
| c. | Research in sex offender                            |                  |              |

- |    |  |                  |              |
|----|--|------------------|--------------|
|    | treatment  | Per month: _____ | Total: _____ |
| d. | Hours of face to face sex offender client assessment | Per month: _____ | Total: _____ |
| e. | Number of hours individual face to face supervision  | Per Month: _____ | Total: _____ |
| f. | Number of hours Group Supervision                    | Per month: _____ | Total: _____ |

Supervisor's Name: \_\_\_\_\_

Supervisor's License Number: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

- |    |  |                  |              |
|----|--|------------------|--------------|
| a. | Hours applicant worked in sex offender treatment     | Per month: _____ | Total: _____ |
| b. | Hours face to face sex Offender client treatment     | Per month: _____ | Total: _____ |
| c. | Research in sex offender treatment                   | Per month: _____ | Total: _____ |
| d. | Hours of face to face sex offender client assessment | Per month: _____ | Total: _____ |
| e. | Number of hours individual face to face supervision  | Per Month: _____ | Total: _____ |
| f. | Number of hours Group Supervision                    | Per month: _____ | Total: _____ |

Supervisor's Name: \_\_\_\_\_

Supervisor's License Number: \_\_\_\_\_

Please answer the following questions. If any answers to the questions in this part are yes, attach an explanation on a separate sheet.



	Questions	Yes	No
1.	Do you have a medical condition which in any way impairs or limits your ability to practice in accordance with the board's policies	_____	_____
2.	Do you currently use any type of chemical substance	_____	_____
3.	Are you currently (within the past year) engaged in the Illegal use of a controlled substance	_____	_____
4.	Have you ever been diagnosed as having or been treated for pedophilia, exhibitionism, voyeurism or any illegal sexual activity	_____	_____
5.	Have you ever had a license or certificate to practice Counseling denied, revoked, suspended, disciplined, Curtailed, or surrendered under threat of restriction Or disciplinary action	_____	_____
6.	Have you ever been convicted of a felony or Misdemeanor other than a minor traffic violation	_____	_____
7.	Have you ever been rejected or censured by a Professional Association	_____	_____
8.	In relation to the performance of your professional Services in any profession:		
a.	Have you had a final judgment rendered against you?	_____	_____
b.	Have you ever had a settlement of any legal action rendered against you	_____	_____
c.	Are there any legal actions pending against you or which you are a party	_____	_____

## Verification of Supervisor

### **TO BE COMPLETED BY THE TENNESSEE APPLICANT**

YOUR NAME: \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_

TITLE OF SUPERVISOR: \_\_\_\_\_

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### **TO BE COMPLETED BY SUPERVISOR**

PLEASE COMPLETE THIS FORM AND RETURN IT DIRECTLY TO THE TENNESSEE SEX OFFENDER BOARD AT THE ADDRESS BELOW.

LICENSE NUMBER OF SUPERVISOR NAMED ABOVE: \_\_\_\_\_

TITLE OF LICENSE: \_\_\_\_\_

DATE OF INITIAL LICENSE: \_\_\_\_\_

EXPIRATION DATE OF LICENSE: \_\_\_\_\_

IS YOUR LICENSE IN GOOD STANDING: \_\_\_\_\_

HAVE YOU EVER HAD ANY DISCIPLINARY ACTION TAKEN AGAINST YOUR LICENSE?

\_\_\_\_\_ YES      \_\_\_\_\_ NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

I HEREBY CERTIFY THAT I SUPERVISED: \_\_\_\_\_

THIS SUPERVISION INCLUDED:

\_\_\_\_\_ HRS. INDIVIDUAL SUPERVISION      DATES OF SUPERVISION

\_\_\_\_\_ HRS. OF GROUP SUPERVISION      FROM \_\_\_\_\_ TO \_\_\_\_\_

I CERTIFY THAT THE FOLLOWING INFORMATION GIVEN IS CORRECT.

\_\_\_\_\_  
SUPERVISOR'S SIGNATURE

\_\_\_\_\_  
DATE

THIS PAGE MAY BE DUPLICATED IF NEEDED

**Provider Qualification Letter**

(Providers Approved Prior to 2000)

I, \_\_\_\_\_, do certify that I have met the provider qualifications required by the Board for Approved Providers. My signature below indicates that I have received the necessary training and experience in the field of sex offender treatment and assessment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

SEND ALL INFORMATION TO:

Tennessee Sex Offender Treatment Board  
4<sup>th</sup> Floor, Rachel Jackson Building  
320 Sixth Avenue North  
Nashville, Tennessee 37243-0465

## SEX OFFENDER TREATMENT PROVIDER VERIFICATION OF SUPERVISION

### I. TO BE COMPLETED BY APPLICANT

Applicant's Name	Social Security or Tennessee DMV Control Number
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### II. TO BE COMPLETED BY THE SUPERVISOR

Supervisor's Name:	Tennessee Sex Offender Approved Provider Number:
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Supervisor's Business Address:	Supervisor's Daytime Phone Number:
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License Title(s)	License number(s) and expiration date(s): (If licensed outside Tennessee, please submit Licensure Verification of Out-of-State Supervisor)

Dates the applicant was under your supervision:

From:	To:
(month/day/year)	(month/day/year)

a. Hours applicant worked	Total:
b. Hours of face-to-face sex offender client treatment and assessment	Total:
Per Month:	
c. Hours of individual, face-to-face supervision	Total:
Per Month:	
d. Hours of group supervision	Total:
Per Month:	

## **Tennessee Sex Offender Treatment Board**

### **Policy and Procedures for Filing a Complaint**

The Board has established standards for providers to follow regarding the treatment of sex offenders. Approved providers agree to follow the standards and practices established by T.C.A. 39-13-704. The Board has the responsibility to protect approved providers from irresponsible allegations, and to discipline approved providers who based on objective evidence, violate these standards and practices.

#### **Procedures for Responding to Complaints**

##### **1. Definitions**

- (a) “Committee” shall mean the Ethics Committee
- (b) “Board” shall refer to the Tennessee Sex Offender Treatment Board
- (c) “Provider Agreement” shall refer to the agreement by the provider to follow the standards and practices established by the board.
- (d) “Complaint” shall mean a standards and practice complaint.
- (e) “Complainant” shall refer to the person who files a complaint.
- (f) “Subject Provider” shall refer to the approved provider who is the subject of a complaint.

##### **2. Purpose and Responsibility of the Ethics Committee**

- (a) **Maintain Standards.** The objective of the Ethics committee shall be to promote ethical conduct by Approved Providers.
- (b) **General Operating Rules and Nature of Authority**
  - (1) **Power to investigate.** The Committee has the power to investigate allegations or complaints of unprofessional conduct or conduct in violation of the standards and practices.
  - (2) **Failure to follow these rules and procedures.** Failure by the committee to follow these rules and procedures is not a reason to set aside any action taken by the committee unless the failure resulted in demonstrable prejudice to the complainant.
  - (3) **Relationship to the Board.** The committee is responsible to the Board. The committee shall make regular reports of activity to the Board. Decisions of the committee may be superseded by the Board.

- (4) **Committee Membership.** The committee shall consist of Board members appointed by the Chair subject to the approval of the Board.
- (5) **Chair.** The Chair is to be appointed as a member of the committee.
- (6) **Frequency of Meetings and Quorum.** The committee shall meet at reasonable intervals as needed. A quorum shall consist of a majority of the appointed members of the committee, including the Chair.
- (7) **Jurisdiction.** The committee only has jurisdiction over Approved Providers.
- (8) **Litigation.** Civil, administrative, or criminal litigation pending against approved providers shall not bar the consideration of complaints by the committee. It shall be within the sole discretion of the committee whether to proceed during the course of litigation or wait until its completion. At the committee's discretion, investigations by the committee may be turned over to another body, such as the Health Related Board. The committee, at its discretion, may delay its investigation pending investigations by other agencies. Delays or deferring to another agency shall not constitute a waiver of jurisdiction by the committee.
- (9) **Confidential Sessions.** Committee deliberations are confidential and any attendance beyond the committee's membership shall be at the committee's discretion.

### 3. **Procedural Steps Involved in Filing a Complaint and Investigation by the Committee**

- (a) **Submitting a complaint alleging violations of Board Standards and practices.** Complaints may be submitted by a client, probation officer, officer of the court, approved provider, or any other person interacting with an Approved Provider. A complaint must contain a precise description of the behavior constituting the alleged violation of standards or practice. The complaint's allegation must cover violations alleged to have occurred no more than one year prior to the complaint being received. The description shall include the Approved Provider's name as well as any other individual who may have witnessed the behavior, been involved in the behavior, or to whom the behavior was directed. An exception to this rule is that the complainant may choose not to divulge the name(s) of a client if doing so will violate client confidentiality. **All complaints shall be in writing to the attention of the "TSOB Ethics Committee Chair" and sent to the TSOB administrative office.**

- (b) **Determining Approved Provider Status and Acknowledging the Complaint.** Upon receiving the complaint, the Chair will determine
- (1) If the complainant is a current approved provider as of the date of the complaint is received by the Chair;
  - (2) Whether the Approved Provider was approved at the time the violations are alleged to have occurred in the complaint; and
  - (3) Whether the violation is alleged to have occurred within one year prior to the date the Chair received the complaint.
- (i) If the Chair determines the complaint satisfies the above requirements, then the chair will notify the Complainant in writing that the complaint has been referred to the committee.
  - (ii) If the Chair determines that the above requirements are not met, the Chair will send written notification to the Complainant that the Board cannot take any action on the complaint, giving reasons why.
  - (iii) The Chair's determinations as to whether the above conditions were met shall not be final and are subject to review by the committee and the Board. If the Complainant or the Subject Provider disagrees with any of the Chair's determinations, they may request a review by the committee. The committee's determination shall only be subject to review by the Board.
  - (iv) In any case, within 10 business days from the date the Chair receives the complaint, it will provide the Complainant with written acknowledgment of its receipt of the complaint, which will include the date it received the complaint.
- (c) **Subject Provider Request for Reply.** The Chair shall send the Subject Provider a copy of the complaint within 10 business days after the Chair sends acknowledgment of the complaint to the Complainant. The complaint will be accompanied with the alleged violations of standards and practices and a letter requesting the Subject Provider to provide the Chair with a response within 21 days of the date of the letter. Failure by the Subject Provider to file a timely response is grounds for suspension and revocation.
- (d) **Lack of Cooperation.** Failure or delay in responding, or lack of cooperation in the investigation shall not prevent continuation of any proceedings and in



itself may constitute a violation of the provider agreement or these rules and procedures.

- (e) **Action of the Committee.** Within a reasonable time, the Chair shall provide committee members with copies of the complaint, as well as the Subject Provider's response. The committee may determine that additional information is required from the Complainant, the Subject Provider, and/or a third party that may have pertinent information. Based upon the type of information required, the committee will make a written request of the individual or individuals it deems to have relevant information to respond within a particular period of time. Failure of a provider to respond to the committee is grounds for suspension and/or revocation. Once the committee determines that it has sufficient information, it will deliberate and render a recommendation to the Board regarding the allegations in the complaint. Such a recommendation shall be agreed upon by a majority vote of the committee's members.
- (f) **Case Closure.** After receipt of a written response from the Subject Provider, the committee may determine that the complaint has no basis in fact, or is insignificant, and may dismiss the complaint without further action.
- (g) **Information from Other Sources.** The committee may request additional information from persons or witnesses involved, Boards, committees, ethic committees of professional licensing boards or relevant entities.
- (h) **Action of the TSOB.** The Committee Chair shall present the recommendations to the Board during the next regularly scheduled Board meeting after the committee has agreed upon a recommendation. Final decision by the Board regarding disposition of the Complaint shall be determined through discussion and a formal resolution by the Board. The resolution shall describe the sanctions, if any, to be imposed against the Subject Provider. The Board's action shall not be subject to review by any court of law or other forum, except for procedural compliance with these rules.
- (i) **Notification of Parties Involved.** The TSOB staff, in coordination with the Chair of the committee, will notify the complainant and Subject Provider regarding the Board's final resolution.
- (j) **Monitoring of Sanctions.** The Chair of the Committee will coordinate and monitor any sanctions that are decided upon by the Board.
- (k) **Notification of Approved Providers.** If the Board finds that the Subject Provider violated standards and/or practices, it shall publish the member's name; the circumstances of the violation; the standards violated; the corrective action, directive and/or sanction(s) imposed; and the status of the Subject

provider on the website and on the Subject Provider's approval status on the approved provider registry.

- (l) **Waive right to Subpoena.** Approved Providers' provider agreement to waive any right to subpoena from TSOB officers, directors and any documents or information in connection with a complaint, including committee investigations and recommendations and Board materials, for any purpose including civil litigation.

#### 4. CONFIDENTIALITY

- (a) **Correspondence.** All case materials mailed from the Board relating to a specific complaint shall be designated as confidential both on the envelope and on the face of the material enclosed.
- (b) **Disclosure of Information During Investigations.** All information concerning complaints against Approved Providers shall be confidential except that the committee may disclose such information when compelled under a validly issued subpoena or court order or when otherwise required by law. The committee in its sole discretion may divulge such information as it deems necessary to complete its investigation.
- (c) **Disclosure of Information in Cases Closed by the Committee.** If the committee dismisses a complaint without further action, it shall so notify the Complainant and the Subject Provider in writing of its action. The committee's action shall be final and binding upon the parties and shall not be subject to review by any court of law or other forum, except procedural compliance with these rules.
- (d) **Disclosure of Corrective Action, Directives and/or Sanctions.** If the disposition of a case results in a corrective action, directive, and/or sanction, a description of the corrective action, directive and/or sanction can be released to any individual upon that individual's written request. TSOB will respond to the written request by providing the name of the Subject Provider, the practice standards violated, and the corrective action, directive and/or sanctions imposed against the Subject Provider.
- (e) **Requirement of confidentiality.** Except as otherwise provided within these rules and procedures, all information concerning complaints against Approved Providers shall be confidential. Notwithstanding the confidential nature of complaint materials, such information may be released when the Chair and the Board in their discretion agree that the release of that information is necessary to protect the interests of:
  - (1) the Complainant or Subject Provider
  - (2) other investigative bodies

- (3) TSOB
- (4) The public
- (5) A client, and that the release will not unduly interfere with the Board's interest in respecting the legitimate confidentiality interests of participants, the review process, the interests of clients, and the Board's interest in safeguarding the confidentiality of internal peer review deliberation.

- (f) **Communication for Investigation.** Nothing in this section shall be construed as preventing the committee from communicating with the Complainant, witnesses, potential members of other fact-finding committees, or other sources of information necessary to enable the committee to carry out its investigative function.

## 5. RECORDS

- (a) **Confidential Permanent Files.** Permanent files of the committee shall be confidential according to these rules and procedures. The files shall be maintained at the main administrative office, and shall be available only to those specifically authorized by the committee. These records are the property of TSOB.
- (b) **Files for Revoked Approval Status.** Files of providers who have had their approval status revoked because of practice violations shall be maintained for five years.
- (c) **Files for non-violation.** Except for cases closed for insufficient evidence, personally identifiable information concerning Subject Providers who have been found not to have committed a practice violation shall be destroyed five years after the committee has closed the case.
- (d) **Files for Insufficient Information.** In cases where the committee has closed a case due to evidence insufficient to sustain a complaint, records containing personally identifiable information shall be maintained for five years after the committee has closed the case.
- (e) **Files for Lesser Sanctions.** In cases where the committee has found a practice violation, but where the sanction is less than revocation, records containing personally identifiable information shall be maintained for five years after the committee has closed the case.
- (f) **Records for Educational Purposes.** Nothing in this section shall preclude the committee from maintaining records in a form that prevents identification of the parties involved so that the records may be used for remediation, education, or other legitimate purposes.

## 6. **RECOMMENDATION DEVELOPMENT**

- (a) **Focus of Recommendations.** Since the purpose for investigating complaints is to improve the profession and instill confidence from the community, any corrective action, directive and/or sanction recommended by the committee and resolved by the Board shall be fashioned with an aim to instruct whenever possible.
- (b) **Form of Recommendations.** The committee has the latitude to suggest a broad array of corrective actions, directives, and/or sanctions. Its final written recommendations shall, however, include:
  - (1) a synopsis of its findings regarding each of the alleged violations;
  - (2) details describing its rationale for the conclusions drawn;
  - (3) specific corrective actions, directives, and/or sanctions to be imposed upon the Subject Provider;
  - (4) the impact of these recommendations on current and future providers; and
  - (5) a specific time-frame for any recommended corrective action, directive and/or sanction.
- (c) **Sanctions for non-compliance with requests for information from providers pertaining to an ongoing investigation of a practice violation.** The committee may immediately impose temporary suspension of an Approved Provider for any provider who does not fully comply with informational or investigatory requests from the committee. Other sanctions may be considered with consultation from the Board. Approved status will be fully reinstated upon compliance with the committee's requests.
- (d) **Sanctions for non-compliance with approved final recommendations.** The committee may recommend additional and more severe consequences for providers who do not comply with corrective actions, directives, and sanctions approved by the Board as a result of findings of practice violations.

## 7. **TYPES OF RECOMMENDATIONS FOR SANCTIONS, CORRECTIVE ACTIONS AND DIRECTIVES.**

- (a) **Cease and Desist Order.** This directive requires the Subject Provider to cease and desist specified violation.

- (b) **Education or Training Requirements.** This corrective action requires the Subject Provider to engage in education and/or training specified and approved by the committee.
- (c) **Supervision or Clinical Consultation Requirement.** This corrective action requires that the Subject Provider engage in supervision or clinical consultation by a supervisor or consultant recommended and approved by the committee. The committee may stipulate the type, frequency, duration, goals, and content of supervision or consultation.
- (d) **Reprimand.** This sanction requires that a written statement of censure for unprofessional or practice violations be sent to the Subject Provider clarifying the inappropriate nature of the subject provider's conduct.
- (e) **Evaluation and/or Treatment.** This directive requires that the Subject Provider be evaluated to determine the possible need for treatment and/or, if a dysfunction has been established, to obtain remedial treatment approved by the committee and the Board.
- (f) **Probation.** Probation is a directive which places the Subject Provider on close scrutiny for a fixed period of time. Probation usually involves restricting the Subject Provider's activities. During this time the Board may require conditions which must be met before probation will be lifted
- (g) **Suspension.** Suspension is an immediate change in approval status that ends the Subject Provider's approval to provide sex offender treatment and/or assessment services until a specified period of time elapses or until the Board allows reinstatement.
- (h) **Revocation.** Revocation constitutes expulsion from the current and future approved provider registry on a permanent basis

## 8. APPROVED PROVIDER REGISTRY

- (a) **Application for Approval Status.** The chair of the committee shall review applications to become an approved provider. After such review, the Chair may recommend to the Board that an application to become an approved provider be denied or voided because of past or current practice violations.
- (b) **Voided Approval Status.** The Chair may recommend to the Board that it void the approval status of any provider who obtained approval on the basis of false or fraudulent information.
- (c) **Resignation of Approved Provider.** A Subject Provider's resignation shall have no effect upon the investigation and resolution of a complaint, so long as

the violation(s) alleged in the complaint took place during the term of the Subject Provider's approved status.

- (d) **Application for Readmission.** The committee shall automatically review all applications for readmission received by the Board from persons who have been revoked or suspended.
- (e) **Procedures for readmission.** The Chair shall submit to the Board for consideration a summary of the application for readmission, including copies of any statements submitted by sponsors of the application and any available record of the previous case against the former provider. The Board shall make one of the following recommendations:
  - (1) **Readmission.** Recommend that the former provider be readmitted to "Approved Provider Registry."
  - (2) **Denied Readmission.** Recommend that the former Approved Provider's readmission be denied.
  - (3) **Deferred Decision.** Recommend that the former Approved Provider's applicant be deferred pending the results of further inquiry or investigation.

## 9. **PROCEDURES FOR COMMENCING AN INVESTIGATION ON THE COMMITTEE'S OWN MOTION**

The committee may commence an investigation according to these rules and procedures under the following circumstance.

- (a) **Felony or other Illegal Offense.** When the committee learns that an Approved Provider has been convicted of a felony or other illegal behavior that reflects adversely on the provider's fitness to provide professional services or tasks and the committee determines that an investigation is necessary for protection of the public or the profession, and such felony conviction is not under appeal.
- (b) **Revocation or Suspension.** When the committee learns that an Approved provider's license has been suspended or revoked and the action is not under appeal.
- (c) **Public Information.** When the committee learns of publicly available information indicating unethical conduct and the committee determines that commencing an investigation is necessary for the protection of the public or the profession.

- (d) **Multiple Complaints.** The committee may take into consideration previous complaints, regardless of the outcome and may elect to commence an investigation under these rules and procedures if the committee determines that there has been a pattern of questionable behavior.
- (e) **Notice to Subject Provider.** The committee shall provide notice to the Subject Provider that it has commenced an investigation on its own motion with the same specificity required as if a complaint were filed, and Subject Provider shall have the same time period to respond as if responding to a complaint.

## 10. General Considerations

- (a) **Time Requirements.** Any failure to the time requirements specified in these rules and procedures shall not prevent an investigation from proceeding to final resolution by the Board unless the committee or Subject Provider can show that such failure was willful or prejudicial.
- (b) **Clarification by Committee on Client Responsibility.** If the Subject Provider believes there is conflict between responsibility to clients and the committee's request for information, the Subject Provider may seek advice from the committee to resolve the conflict.
- (c) **Release of Information.** The complainant, upon submitting a complaint, is deemed to have consented that the complaint and all associated materials submitted with the complaint will be provided to the Subject Provider and to other people, as provided in these rules and procedures.
- (d) **Telephone inquiries about potential complaints.** Telephone inquiries shall not be considered as complaints.
- (e) **Previous Remedy.** The complainant may be required to inform the committee of previous steps, if any, that have been taken to remedy the situation.

## 11. EVALUATION OF COMPLAINTS

- (a) **Evaluation by the committee.** The committee shall review each complaint and take action as outlined in these procedures.
- (b) **Immediate referral.** The committee shall refer any matter to the Health Related Board in accordance with APA ethical guidelines prior to action taken by the committee.
- (c) **Impaired Providers.** The Chair may determine that the alleged violation may have resulted from an Approved Provider's substance abuse, mental and/or emotional problems. Such a determination will not preclude the committee

from proceeding with the process outlined in these procedures and may, in fact, form the basis of the committee's recommendation to the Board.

- (d) **Violations with potential Harm to Public.** If the committee determines that alleged practice violations has potential for harm to the public, the Chair shall immediately consult with the Board's legal counsel, who may recommend that the case be referred to the appropriate jurisdiction or law enforcement.
- (e) **Conflict of Interest.** The committee must first determine that there is no conflict of interest precluding the committee from proceeding with the complaint (e.g., complaint against Board member, etc.). If a conflict of interest is deemed present, the Chair shall immediately notify the Board and Board's counsel. If the complaint involves the Chair, the Board shall appoint another member of the Board to Chair the committee matters involving this complaint. If the conflict involves any other member of the committee, that member shall recuse him/herself from committee discussions and decisions pertaining to the case.
- (f) **Request for Further Information.** If the committee determines that there is insufficient information from which to make a recommendation to the Board, the committee may request further information from the complainant or others. If a request is made by a complainant, the complainant shall have twenty-one (21) days to respond. Failure to respond to this request may result in a recommendation to dismiss the complaint for lack of evidence.
- (g) **Anonymous Complaints.** The committee shall not act upon anonymous complaints except when information in the public domain is of sufficient weight that the committee deems it necessary to commence an investigation on their own motion.
- (h) **Complaints about non-approved providers.** Complaints about non-approved providers will not be considered.
- (i) **Counter Complaints.** The committee will not accept formal complaints from a Subject Provider against a complainant provider during the course of an investigation of the initial complaint. The committee will not consider a countercharge until after the initial complaint is resolved.
- (j) **Capricious Complaints.** The committee may recommend that a complaint be filed against a complainant if the committee determines that the initial complaint is capricious or intended primarily to harm the Subject Provider rather than uphold professional standards.



## Tennessee Sex Offender Board Policy

### Disciplinary Actions-Unprofessional Conduct

A. The Board has the authority to:

- (1) Deny any application or request for becoming a “board approved sex offender treatment provider”
- (2) Permanently or temporarily withhold approval status
- (3) Suspend, limit or restrict a previously approved provider’s approval status
- (4) Reprimand or take such action in relation to disciplining an applicant as the board in its discretion may deem proper
- (5) Permanently revoke a provider’s approval status

(a) The grounds upon which the board shall exercise such authority includes, but is not limited to the following:

- (1) conviction of a felony;
- (2) Using fraud or deception in applying for board approval
- (3) Violating the rules, regulations, and conditions adopted by the board
- (4) Engaging in professional misconduct, unethical or unprofessional conduct, including but not limited to, willful acts, negligence, exploitation, conduct likely to deceive, defraud or harm the public or clients

B. Disciplinary Actions

- (1) Upon a finding by the board that an approved provider has violated any rules, regulations, or conditions adopted by the board, the board may impose any of the following actions separately or in any combination deemed appropriate to the offense.

(a) **Advisory Censure** – This is a written action issued to an approved provider for minor infractions. It is informal and advisory in nature designed to help the provider address potential infractions and does not constitute a formal disciplinary action.

(b) **Formal Reprimand**- This is a written action issued by the board to an approved provider for one time and less severe violations. It is a formal disciplinary action.

(c) **Probation**- This is a formal disciplinary action which places the approved provider on close scrutiny for a fixed period of time. This

action may be combined with conditions which must be met before probation will be lifted and/or which restrict the approved provider's activities during the probationary period.

- (d) **Suspension-** This is a formal disciplinary action which suspends a provider's right to provide sex offender treatment services for a fixed period of time. It contemplates the reentry of the provider into the practice.
- (e) **Revocation-** This is a formal disciplinary action and the most severe form of discipline the board may take. This action removes the provider from providing sex offender treatment services and terminates the provider's approval status. The board at its discretion may allow reinstatement of a revoked approval status upon conditions and after a period of time deemed appropriate. No petition for reinstatement and no new application for board approval status from a provider who has had their approval status revoked shall be considered for at least one year. The board has no obligation to consider a petition for reinstatement or new application from a provider who has had their approval process revoked.
- (f) **Conditions-** These include any action deemed necessary or appropriate by the board to be required of a provider disciplined during any period of probation or suspension or as a prerequisite to lifting the probation or suspension or the reinstatement of a revoked approval status.